



Concord Recreation
90 Stow St.
Concord, MA 01742
Phone (978)369-6460
Fax (978)369-9403
www.concordsummercamps.com

WORKREATION- 2015

CONCORD RECREATION

Licensed by the Concord Board of Health

Name: _____ M/F: _____ D.O.B. _____

Address: _____ Town: _____ Zip: _____

Age (at time of registration): _____ Grade entering Fall 2015: _____ Parents' Name: _____

Home # _____ Work # _____

Cell # _____ Email _____

Special Accommodations/Medications/Allergies, etc: _____

Camp Dates

Week 1 June 29th-July 3*
Week 2 July 6th-July 10th
Week 3 July 13th-July 17th
Week 4 July 20th-July 24th
Week 5 July 27th-July 31st
Week 6 August 3rd-August 7th
Week 7 August 10th-August 14th
Post August 17th-August 21st
*No Camp July 3rd

Camp Hours

Full Day: 9am-4pm
Half Day AM: 9am-12:30pm
Half Day PM: 12pm-4:10pm

Full Day

Hunt

(Entering 8 & 9)

Week 1 _____\$216
Week 2 _____\$270
Week 3 _____\$270
Week 4 _____\$270
Week 5 _____\$270
Week 6 _____\$270
Week 7 _____\$270

Half Day AM

Harvey Wheeler

(Entering 8 & 9)

Week 1 _____\$108
Week 2 _____\$135
Week 3 _____\$135
Week 4 _____\$135
Week 5 _____\$135
Week 6 _____\$135
Week 7 _____\$135

Half Day PM

Alcott

(Entering 8 & 9)

Week 1 _____\$108
Week 2 _____\$135
Week 3 _____\$135
Week 4 _____\$135

Post

Hunt

(Entering 8 & 9)

Post _____\$270

*Registrations will be on March 23rd and will be first come first served

*4 week limit

*This program is for participants entering the 8th and 9th grade

CAMP NOTES:

- 1) **15%** second child discount applied to equal or lesser priced camp *(Must be enrolled in the same week of camp)*
- 2) Payment plans are available
- 3) Full payment must be received by **June 19th**
- 4) **No refunds after 6/26/15.** \$25 non refundable fee applied to each week. Please contact us for full policy
- 5) Please note that a fee of **\$15.00** will be added to all registrations received after 3pm the Thursday the week before
- 6) Fees are all inclusive with the exception of the Senior Camp white water rafting trip.

SEND A CHILD TO CAMP- We are inviting families to contribute to our camp scholarship fund. If you would like to contribute, please check an amount and the total will be added to your payment. Thank you.

\$5 _____ \$10 _____ \$15 _____ \$25 _____ \$50 _____ other _____



Exp. Date / Credit Card ☐ Master Card ☐ Visa ☐ Check ☐

Name on card _____ Signature: _____

Amount enclosed (50% deposit due upon registration): _____ Date: _____